

Noxious Weed Management Plan Request for Cost Share

The below listed summary of work performed with chemical purchased through the Prairie County Weed District cost-share program for _____ (year). The chemical applied was according to label directions. The noxious weeds controlled will be monitored annually. Additional control measures will be applied in succeeding years for control of eradication if necessary. Access is granted the Prairie County Weed Board to check controlled areas.

Name (please print)

Mailing Address

Applicator License #

This section must be filled out to receive cost share payment.

The following noxious weeds, estimated acres and location were controlled:

Noxious Weed(s)

Est. Acres

Legal Location

Noxious Weed(s)

Est. Acres

Legal Location

Noxious Weed(s)

Est. Acres

Legal Location

Chemical purchased and amounts:

Chemical: _____ Amount: _____ gallon(s) @ _____ per gallon **Cost:** _____

Chemical: _____ Amount: _____ gallon(s) @ _____ per gallon **Cost:** _____

Chemical: _____ Amount: _____ gallon(s) @ _____ per gallon **Cost:** _____

Total Chemical Cost

(Enclose receipts for chemical purchased through dealers other than the Weed District)

Cost of chemical eligible for cost-share _____

Cost-Share earned (60% of eligible chemical) _____

(Weed District pays 60%, landowner 40% of chemical cost)

Amount to be paid by the Prairie County Weed District _____

Maximum total cost-share is \$300 per year

Request Made:

Date

Landowner/Operator Signature

Request Approved:

Date

Prairie County Weed District

(All claims must be submitted on or before the 25th of each month or will not be allowed in that month's business)

Mail signed Cost Share Request to:

**Prairie County Weed District
PO Box 7
Terry, MT 59349-0007**

For Office Use Only

Received

Submitted for
payment